

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		4/5
O.I.P.E. CLASSIFIER			4/30
FORMALITY REVIEW	MD	579	5/10/01
RESPONSE FORMALITY REVIEW	m	927	03/22/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final Original	
1	4/5
2	3/25
3	11/30
4	2/2
5	2/2
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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